

U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

FORM

WH-5145

1997 ECONOMIC CENSUS CONFECTIONERY

OMB No. 0607-0825: Approval Expires 08/31/99

DUE DATE FEBRUARY 12, 1998										
If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:										
BUREAU OF THE CENSUS 1201 East 10th Street Jeffersonville, IN 47134-0001										
Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:										
1–800–233–6136										
Please read the accompanying instructions before answering the questions.										
Census use										

WH-5145

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

7	retained in respondents lines are infinite	1110 11 0111	logal process.										
Item 1. EMPLOYER IDENTIFICATION NUMBER Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its						Dollar figures should to thousands of dol	Bil- lions	Mil- lions	Thou-	Dol- lars			
						Example: If a figur	е		(000)	(000)			
lat	est 1997 Employer's Quarterly Feder	DOLL FIGUI		is \$1,125,628.79 • Preferred report			1	126					
Treasury Form 941?						·	Acceptable	D:I	1	125	629 DL		
	094 1 Yes 2 No - Report cui	rent EIN	below	Iten		DOLLAR VOLUME BUSINESS	OF	Bil.	IVIII.	Thou.	Dol.		
	(9 digits)	l a. S		and operating rec	0.0	 							
Ito	m 2. PHYSICAL LOCATION			1 f	or 199	77 (Include the gro		! 	i i				
	Is this establishment's physical loca	tion the	eama ae		aiue o' thers)	f business conduct	еа тог						
٠.	the address shown in the label? (P.C	. box and	rural route	1. :			¹²¹ 1	Yes	- Go to I	line c			
	addresses are not physical locations)				D. Dia this establishment earn					2 ☐ No – <i>Skip to</i>			
	093 1 ☐ Yes 2 ☐ No – Report ph	ysical loc	ation below	n -						e			
		- 6	iross	selling value of b	usiness	Bil.	Mil.	Thou.	Dol.				
	Number and street					cted on a commis		122					
	City town village etc	State ZIP Code				Include in item 4a)		123					
	City, town, village, etc.	State	ZIP Code			issions received		123		l !			
						· · · · · · · · · · · · · · · · · · ·	ions reported in item 4c) If this is the only establishme		io firm	lin to it	om E		
b.	Is this establishment physically loca boundaries of the city, town, village	ited inside, etc.?	de the legal		IOTE -	In this is the only	еѕіарпѕппе	ent or th	S IIIIII :	Percent			
	095 1 ☐ Yes 3 ☐ No legal bound	aries				t of products sol			124				
	2 □ No 4 □ Do not know					shment manufac in the United Sta		124					
				<u> </u>	your company or subsidiaries						%		
c.	In what type of municipality is this	establish	nment			of transfers to ot shments within \		Mil.	Thou.	Dol.			
	physically located?			company (DO NOT include in					125				
	096 1 City, village, or borough			-	item 4a)					Thou.	Dol.		
	2 ☐ Town or township					Item 5. PAYROLL Payroll in 1997, BEFORE DEDUCTIONS					D01.		
	3 ☐ Other – <i>Specify</i>	a. Annual						i i					
d	In what county (e.g., Dade County) is this establishment								031				
u.	physically located?	iiis esta	Diisiiiieiit	b. First quarter (January-March)						i			
		Item 6. EMPLOYMENT					Number						
		a. Number of paid employees for pay period including March 12, 1997					032						
	m 3. OPERATIONAL STATUS	00	lumber of months	(Include both full- and part-time employees)									
a.	How many months during 1997 was this establishment actively operated	-	<u> </u>					Number					
h	Which of the following best describe		etablichmant's	b. List the above employees by the employee's primary function:					131				
IJ.	status at the end of 1997? Mark (X) of			((1) Selling								
	001 1 In operation	(2) Sales support (including office and					132						
	2 Temporarily or seasonally in	1		ical, warehousing, vice, maintenance		and							
	3 Ceased operation – Give dat			rers)									
	4 Sold or leased to another op	(:	3) Sup esta	porting functions of ablishments in you	of other r company		133						
	Give date at right AND enter etc., below	(i.e., central administrative, accounting, research, etc.)											
	Name of new owner or operator	1	acco	ounting, research, e	etc.)		134						
	The second secon	(4	(4) Manufacturing										
	Number and street					(5) Other – Specify					135		
	City	State	ZIP Code										
			I .			The sum of lines 1 th							

Item 7. OPERATING EX		Mil.	Thou.	Dol.	Item 11. KIND OF BUSINESS AND SELLING CHARACTERISTICS								
Operating expenses for 1997 (Include payroll, but exclude cost of goods sold				 		a. Kind of business							
and interest expense)			 		What was this establishment's PRINCIPAL								
Item 8. INVENTORIES kind of business in 1997? Mark (X) only ONE box.													
a. Did you have inventories at the end of 1996 or 1997?													
180 1 Yes - Com	plete the rema	inder of	the ite	m	(1) Confectionery								
2 ☐ No – Skip t	o item 9					(2) Tobacco and tobacco products							
b. Were inventories of	this actablish	mont o	ubicat	<u> </u>		(3) General-line groceries							
the last-in, first-out						(4) Other kind of business opening							
_													
185 1 Yes − <i>Use</i> rese	the sum of the rve for lines c a		nount p	lus the l	LIFO								
2 ☐ No – <i>Comp</i>	olete only line o	;				b. Selling characteristics							
	End of 19	007		nd of 19	200	(1) In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE							
	Dol.	Mil.	Thou.		box.								
	046		047	1		From physical displays of priced merchandise . 1							
a. Tatal incomtanta				 		From a counter (little or no display) 2							
c. Total inventories	181		186			From a warehouse or office							
(1) Amount not subject to LIFO				, 		G \$555\$5							
costing	192		107	 									
(2) Amount subject to	182		187	 									
LIFO costing (gross)	I			 		(2) How did this establishment PRIMARILY							
	183		188	1		attract new customers in 1997? Mark (X) only ONE box.							
(a) Amount of the LIFO reserve				I 		Location and store attractiveness							
	184		189										
(b) LIFO value of the line c(2)	I			1		Advertising to the general public, including direct mail advertising							
(net)					Advertising to the trade or calls directly to								
NOTE – The su	m of lines c(1)	and c(2)	should	l equal i	line c	customers							
The su line c(2	m of lines c(2a ?)) and c(2	2b) sho	uld equa	al								
		DUDCI	14050 4	T COCT	\/^	-							
Item 9. TOTAL PURCHA MERCHANDISE				T COST									
Purchases of merchandis (Net of returns, allowances,		160				c. Mark (X) the ONE appropriate box if this							
and cash discounts; but inc amounts allowed for trade-	luding		 	 		establishment is a:							
amounts anowed for trade-	iiis)					(1) Voluntary group wholesaler (an establishment affiliated with independent							
NOTE – If purchases are explanation in th	greater than sa e REMARKS se	les, plea ction	se prov	ide an		retailers engaged in joint sales promotion under a group name)							
· ·						(2) Retail-cooperative wholesaler (an establishment							
Item 10. SALES BY CLASS OF CUSTOMER Report the percentage of this Whole percen of sales						owned and operated cooperatively by independent retailers buying collectively)							
establishment's total s	ales in 1997		141										
(item 4a) to caon olass	or oustomer.					(3) Other grocery wholesaler 3							
a. Export sales						d What revent of very color are							
<u> </u>			142			d. What percent of your sales are drop-shipped and do not enter							
b. Restaurants, hotels, fo contract feeding	od services, an	d				this establishment?							
	one for recele	or.	143			Item 12. TYPE OF OPERATION							
c. Retailers and repair sh	ops for resale	OI .				What was this establishment's PRINCIPAL							
all Other wholesels setab	l:-b	!-	144			type of operation in 1997? Mark (X) only ONE box.							
d. Other wholesale estab	namments for r	esdie	145			-							
e. Industrial users for pro	duction												
(manufacturing and m			140			Merchant wholesaler (buying and selling on own account)							
146						(1) Importer							
f. Business users for consumption, not for resale						(2) Exporter							
						c. Manufacturers' sales branches and offices							
g. Farmers (for farm use)			148			d. Agent, broker, and commission merchant (1) Auction company							
h. Household consumers	and individual					(1) Auction company							
users			4			(3) Commission merchant							
i. Builders and contracto	rs		149			(4) Import agent							
Danders and Contracto		150			(5) Export agent								
j. Governmental bodies (Federal, State,						e. Other broker or agent – Specify type							
and local)						-							
k. TOTAL Sum of lines a	through i												
chould total 10	100girj			100%									

Census File Number If not shown, please enter your 11-digit Census File Number from the address label on page 1 Item 13. COMMODITY LINES Item 13. COMMODITY LINES - Continued Report sales by commodity group either as a dollar figure or as a whole percent of total sales (Include the value of merchandise marketed under capital, finance, or full payout leases and rental receipts derived from merchandise under operating leases) ESTIMATES are acceptable. Report dollars OR percents. Cen Commodity lines sus use Per-Bil. Mil. Thou. Dol. If figure is 38.76% of Per-cent **18.** Miscellaneous commodities – *Specify* Bil. Mil. | Thou. | Dol. нош то total sales REPORT Report whole percents 39 076 **PERCENTS** Not acceptable 38.76 ESTIMATES are acceptable. Report dollars OR percents. 9811 a. Cen 077 Commodity lines SUS Per-Bil. Mil. □ Thou. 9812 cent b. 078 100 101 102 1. Confectionery C. 9813 a. Candy 4411 19. Service receipts and labor charges (including installed **b.** Chewing gum 4412 9700 parts) c. Nuts 4413 20. Receipts for farm products preparation services (cleaning, shelling, grading, and packing) d. Chips and popcorn 4414 9920 e. Other confections 4415 21. Rental and operating lease receipts 9940 f. Total (Sum of lines 4400 1a through 1e) 22. TOTAL (Should equal item 4a if reporting in dollars) 2. Coffee, tea, and spices 4800 100% 9990 3. Bread and baked goods 4820 LEGAL FORM OF ORGANIZATION Which of the following best describes this establishment's legal form of organization during 1997? Mark (X) only ONE box. 4830 4. Canned foods 5. Fresh fruits and vegetables 4700 003 1 Individual owner (sole proprietorship) 2 Partnership 6. Refined sugar, flour, cooking oils, cereals, pet foods, pickles, preserves, sauces, and other grocery specialties 3 Cooperative association (taxable) 4 \square Cooperative association (tax-exempt) 4860 5 Government - Specify O Corporation (Do not mark if any form of cooperative association) 7. Frozen foods (packaged) 4100 8. Dairy products (excluding dried or 9 Other - Specify canned) 4200 **9.** Poultry and poultry products Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION 4300 a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero? 10. Fish and seafoods (excluding canned and frozen packaged) 1 Yes - Complete this item 4500 2 No - Skip to item 16 **11.** Meat and meat products (fresh and unpackaged) Enter name, address, and EIN of the owning or controlling company b. Is this company owned or 4600 controlled by another company? 12. Soft drinks and bottled 4850 13. Food and beverage basic materials (include flavoring extracts, fruit peel, hop extract, industrial molasses, sausage casings, malt, yeast etc.) 097 1 ☐ Yes —→ 2 No 4840 yeast, etc.) EIN (9 digits) c. Does this company own or control any or controlled company **14.** Tobacco and tobacco products 5900 other company or companies? **15.** Drugs, pharmaceuticals, cosmetics, and toiletries 3500 098 1 Yes — 16. Industrial and personal 2 No service paper and plastics 3400 EIN (9 digits) **17.** Custodial (janitors') equipment and supplies ITEM 15 CONTINUED ON PAGE 4

2520

Form WH-5145

Page 3

Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued													
d How many actablishments apprected under the Fundamental designation Number of the									079	Number 079			
d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997?													
	If more than one, provide the physical location address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.												
	Estimates are												
	Name							19	997 M	il. Thou.	Dol.		
	Number and str	eet						Sal					
	City State ZIP Code												
	-						Zii Gode	pay	Paid employees for pay period including March 12				
1	Kind-of-busines	s description						083		idding ivial	CII IZ		
									088				
	Type of operation	on (choose fro	om item 12)						en- us				
	Name							19	997 M 081	il. Thou.	Dol.		
	Number and str	eet						Sal	les				
	City					State	ZIP Code		nual yroll				
2	Kind-of-busines	a description						p	Paid emp	oloyees for luding Mar	pay rch 12		
_	Killu-ol-busilles	s description						083					
	T	/-l f	'4 40\						088				
	Type of operation	on (choose irc	om item 12)					S	en- ius ise				
	N.												
	Name							19	997 M 081	il. ¦ Thou.	Dol.		
	Number and str	eet						Sal	082				
	City				5	State	ZIP Code	pay	nual yroll				
3	Kind-of-busines	s description								oloyees for luding Mai	rch 12		
								083					
	Type of operation	on (choose fro	om item 12)					Co	088 en-				
									us ise 089				
R	EMARKS – Plea	se use this sp	ace for any ex	planatio	ns that may be e	ssential in	understanding your	reported data.					
I+	em 16. CERTIF	FICATION TH	nis report is su	hstantial	ly accurate and h	as heen n	repared in accordan	ce with instructions	s				
P	eriod covered	FROM: Mo.	· ·	TO:	Mo. Yea		f person to contact r			or type			
Н	y this report	Area code	Number		Extension	Title							
	elephone ignature of autho	orized person						T ₁	Date				
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